


Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION — Utility or Design Patent Application

Direct all correspondence to: <input type="checkbox"/> Customer Number: 		OR <input checked="" type="checkbox"/> Correspondence address below	
Name Kiomars Anvari			
Address 1567 SERAFIX RD			
City ALAMO		State CA	ZIP 94507
Country U.S.A	Telephone 925-947-5839	Fax	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.			
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) Kiomars		Family Name or Surname Anvari	
Inventor's Signature 			Date October 18, 2003
Residence: City ALAMO	State CALIFORNIA	Country U.S.A	Citizenship U.S.A
Mailing Address 1567 SERAFIX RD			
City ALAMO	State CA	ZIP 94507	Country U.S.A
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature			Date
Residence: City	State	Country	Citizenship
Mailing Address			
City	State	ZIP	Country
<input type="checkbox"/> Additional inventors or a legal representative are being named on the _____ supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.			